

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000359277

**Entity Name:** ACCESS MEDICAL GROUPOF FLORIDA CITY, LLC

**Current Principal Place of Business:**

6100 BLUE LAGOON DR STE 365  
MIAMI, FL 33126

**Current Mailing Address:**

7700 FORSYTH BLVD  
ST. LOUIS, MO 63105 US

**FEI Number: 45-3192366**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           KOSTER, CHRISTOPHER  
Address        7700 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

Title           MANAGER  
Name           CHERVITZ, CHUCK  
Address        7700 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

Title           VP, TAX  
Name           DINKELMAN, TRICIA  
Address        7700 FORSYTH BLVD  
City-State-Zip: ST. LOUIS MO 63105

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TRICIA DINKELMAN**

**VICE PRESIDENT, TAX**

**05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date